

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006731

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**7738235139CC**

**Entity Name:** THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM,  
KNIGHTS HOSPITALLER, COMMANDERY OF THE PALM BEACHES  
FOUNDATION, INC.

**Current Principal Place of Business:**

1335 OLD OKEECHOBEE ROAD  
SUITE 1100  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1335 OLD OKEECHOBEE ROAD, SUITE 1100  
SUITE 1100  
WESTPALM BEACH, FL 33401 US

**FEI Number: 65-1059871**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SIEMON, JAMES L  
1335 OLD OKEECHOBEE ROAD  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: JAMES SIEMON**

**01/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIEMON, JAMES L  
Address        430 WOODSIDE DRIVE  
City-State-Zip: WEST PALM BEACH FL 33415

Title            SECRETARY  
Name            CORRY, PAUL  
Address        159 LUCUA COURT  
City-State-Zip: JUPITER FL 33478

Title            TREASURER  
Name            NASH, MELISSA L  
Address        1335 OLD OKEECHOBEE ROAD  
                 SUITE 1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP  
Name            JONES, WALTER E JR.  
Address        4740 SOUTH OCEAN BOULEVARD  
                 APT. 315  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            VICE PRESIDENT  
Name            OWEN, JAY  
Address        1452 HARBOUR PT. DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33410

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES L SIEMON**

**PRESIDENT**

**01/23/2023**

